

PATENT**Attorney Docket: 7056-X06-020****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Appln. of: Dorit PLAT et al (as amended)

Group Art Unit: 1616

Appln. No.: 10/572,782

Filed: November 8, 2006

For: STABILIZED FORMULATIONS OF PHOSPHATIDYLSERINE

SUPPLEMENTAL APPLICATION DATA SHEET**APPLICATION INFORMATION****Application number:: 10/572,782****Filing Date:: NOVEMBER 8, ~~2007~~ 2006****Application type:: REGULAR****Subject Matter:: UTILITY****Suggested classification::****Suggested Group Art Unit:: 1616****CD-ROM or CD-R?::****Number of CD disks::****Number of copies of CDs::****Sequence submission?::****Computer Readable Form
(CRF)?::****Number of copies of CRF::****Title line one:: STABILIZED FORMULATIONS OF****Title line two:: PHOSPHATIDYLSERINE****Title line three::****Title line four::****Attorney Docket Number:: ~~7640-X06-053~~ 7056-X06-020****Request for Early Publication?::****Request for Non-Publication?::****Suggested Drawing Figure::**

Total Drawing Sheets::
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR (1)
Primary Citizenship:: ISRAELI
Country:: ISRAEL
Status:: FULL CAPACITY
Given Name:: DORIT
Middle Name::
Family name:: ~~PLATT~~ PLAT
Name Suffix::
City of Residence:: SHIMSHIT
State or Province
Of Residence::
Country of Residence:: ISRAEL
Street of mailing address:: P. O. BOX 249
City of mailing address:: SHIMSHIT
State or Province of
Mailing address::
Country of mailing
address:: ISRAEL
Postal or Zip Code

of mailing address::	17906
Applicant Authority Type::	INVENTOR (2)
Primary Citizenship::	ISRAELI
Country::	ISRAEL
Status::	FULL CAPACITY
Given Name::	AVIDOR
Middle Name::	
Family name::	SHULMAN
Name Suffix::	
City of Residence::	KIRYAT TIVON
State or Province Of Residence::	
Country of Residence::	ISRAEL
Street of mailing address::	29 HAGOMEH STREET
City of mailing address::	KIRYAT TIVON
State or Province of Mailing address::	
Country of mailing address::	ISRAEL
Postal or Zip Code of mailing address::	36090

Applicant Authority Type::	INVENTOR (3)
Primary Citizenship::	ISRAELI
Country::	ISRAEL
Status::	FULL CAPACITY
Given Name::	GAI
Middle Name::	
Family name::	BEN DROR

Name Suffix::
City of Residence:: MOSHAV OFER
State or Province
Of Residence::
Country of Residence:: ISRAEL
Street of mailing address:: P. O. BOX 126
City of mailing address:: MOSHAV OFER
State or Province of
Mailing address::
Country of mailing
address:: ISRAEL
Postal or Zip Code
of mailing address:: 30835

Applicant Authority Type:: INVENTOR (4)
Primary Citizenship:: ISRAELI
Country:: ISRAEL
Status:: FULL CAPACITY
Given Name:: NETA
Middle Name::
Family name:: SCHEINMAN
Name Suffix::
City of Residence:: HAIFA
State or Province
Of Residence::
Country of Residence:: ISRAEL
Street of mailing address:: 25 ZALMAN SHNEOR STREET
City of mailing address:: HAIFA
State or Province of
Mailing address::

**Country of mailing
address::** ISRAEL

**Postal or Zip Code
of mailing address::** 32543

Applicant Authority Type:: INVENTOR (5)
Primary Citizenship:: ISRAELI
Country:: ISRAEL
Status:: FULL CAPACITY
Given Name:: YONI

Middle Name::
Family name:: TWITO
Name Suffix::
City of Residence:: GEVA CARMEL

**State or Province
Of Residence::**
Country of Residence:: ISRAEL
Street of mailing address:: P. O. BOX 54
City of mailing address:: GEVA CARMEL

**State or Province of
Mailing address::**
**Country of mailing
address::** ISRAEL
**Postal or Zip Code
of mailing address::** 30855

Applicant Authority Type:: INVENTOR (6)
Primary Citizenship:: ISRAELI
Country:: ISRAEL

Status::	FULL CAPACITY
Given Name::	RASSAN
Middle Name::	
Family name::	ZUABI
Name Suffix::	
City of Residence::	KFAR NEEN
State or Province Of Residence::	
Country of Residence::	ISRAEL
Street of mailing address::	THE VILLAGE
City of mailing address::	KFAR NEEN
State or Province of Mailing address::	
Country of mailing address::	ISRAEL
Postal or Zip Code of mailing address::	19320

CORRESPONDENCE INFORMATION

Correspondence Customer

Number::	27317
Name::	MARTIN FLEIT
Street of mailing address::	21355 E. DIXIE HIGHWAY, SUITE 115
City of mailing address::	MIAMI
State or Province of mailing address::	FLORIDA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	33180

Phone number:: 305-830-2600
Fax Number:: 305-830-2605
E-Mail address:: ~~MFLEIT@FOCUSONIP.COM~~
MFLEIT@FGGBB.COM

REPRESENTATIVE INFORMATION

Representative customer number:: 27317

Representative Designation::	Registration Number::	Representative Name::
Primary	16,900	Martin Fleit
Associate	30,648	Robert C. Kain
Associate	37,333	Jon A. Gibbons
Associate	35,171	Jose Gutman
Associate	40,917	Stephen C. Bongini
Associate	43,500	Paul D. Bianco

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	IS A <u>NATIONAL</u> <u>STAGE OF</u>	PCT/IL2004/000895	SEPTEMBER 26, 2004

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
ISRAEL	158139	SEPTEMBER 25, 2003	YES

ASSIGNMENT INFORMATION

Assignee name:: ENZYMOTEC LTD.
Street of mailing
Address:: RAMAT GAVRIEL INDUSTRIAL PARK
City of mailing address:: P. O. BOX 6
MIGDAL HAEMEQ
State or Province of
Mailing address::
Country of mailing
address:: ISRAEL
Postal or Zip Code
Of mailing address:: 23106

SIGNATURE

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.54(d) for the form of the signature.

Signature:: /PAUL D. BIANCO/
First Name:: PAUL
Middle Name:: D.
Last Name:: BIANCO
Reg. No.:: 43,500
Date:: 2009-06-30